S: No. 300
EV: 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5284

4278 State File No.

BIRTH NO. REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-6-5-2 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rescue, RAT I
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Miller Mo (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller ~~RAT I~~ Mo
d. STREET ADDRESS (If rural, give location): ~~1 mile North Rescue~~

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) D. c. (Last) Anderson
4. DATE OF DEATH (Month) (Day) (Year): Jan. 30 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 17, 1876
9. AGE (In years last birthday): 73 | If under 1 year: Months 10 Days 13 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gasoline
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): Unknown Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Joan Bauerman ADDRESS: Rural RT I

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 17, 1950, *to* Jan. 30, 1950, *that I last saw the deceased alive on* Jan 29, 1950, *and that death occurred at* 3:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P R Hahner (Degree or title) M.D.
23b. ADDRESS: Mt Vernon Mo
23c. DATE SIGNED: 1-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-1-50
24c. NAME OF CEMETERY OR CREMATORY: Sycamore
24d. LOCATION (City, town, or county) (State): 2 mi. NE Miller Mo

DATE REC'D BY LOCAL REG.: 2-8-50
REGISTRAR'S SIGNATURE: W. S. Bussey M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Owen L. Marsh ADDRESS: Aurora

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 18 1950
District Health Office No. 6,
District File Number 250-230
Date Filed 2-18-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 380

P. O. Address Geneva, Ala.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.